

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		11/6/99
O.I.P.E. CLASSIFIER		49	11/15/99
FORMALITY REVIEW	CM	71632	11-17-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 A Additional cross references
 0 Objected

BEST AVAILABLE COPY

Claim	Date
Final	Original
1	11/16/99
2	11/16/99
3	11/16/99
4	11/16/99
5	11/16/99
6	11/16/99
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8	11/16/99
9	11/16/99
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44	11/16/99
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47	11/16/99
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49	11/16/99
50	11/16/99

Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions
 staple additional sheets

(LEFT INSIDE)